

HARRISBURG DEPARTMENT OF PUBLIC AFFAIRS NUISANCE COMPLAINT

No. _____

Complainant: _____
first name last name

Address: _____ Telephone #: _____

Date Reported: _____ Time Reported: _____

Location of Nuisance: _____

Description of Nuisance (check appropriate violation):

1. Weeds 2. Inoperable vehicle(s) 3. Abandoned Vehicle(s) 4. Garbage/Debris
 5. Other (explain) _____

Date Officer Received Report: _____ Does Violation Exist: Yes No

Commonly Known Address: _____

Legal Description: _____

Owner's Name
(from tax records): _____
first name last name

Owner's Address: _____

City, State, Zip: _____ Phone #: _____

Owner Contacted: Yes No Date: _____ Corrected: Yes No

Remarks: _____

Cert. Letter Mailed: Yes No Cleanup due date: _____ Corrected: Yes No

Date City Corrected: _____ Cost of Cleanup: _____ Owner Paid: Yes No

Lien Filed: _____ Lien Notice Mailed: _____ Date Closed: _____

Case Closed By: _____ Signature: _____